

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550985

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18	1					
19	1					
20	1					
21		1				
22		1				
23		1				
24	1					
25	1					
26	1					
27		1				
28		1				
29		1				
30		1				
31	1					
32	1					
33	1					
34		1				
35		2				
36		1				
37	1					
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	10					
TOTAL DEP.		27				
TOTAL CLAIMS	10	27				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		2				
55		1				
56		1				
57		1				
58		1				
59		1				
60		1				
61	1					
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75	1					
76		1				
77		2				
78	1					
79	1					
80		1				
81	1					
82		1				
83		1				
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	10					
TOTAL DEP.		27				
TOTAL CLAIMS	10	27				